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ABSTRACT

Traditional stereotypes and attitudes about the elderly are of interest to both researchers and health care providers. Misconceptions about the elderly and the sources of these misconceptions were examined in undergraduates (N=150) and in elderly subjects (N=50). Subjects completed the Miller-Dodder revision of Palmore's Facts on Aging Quiz One followed by a question with nine response categories that allowed the participants to rank up to three sources of information used in answering the preceding questions. Subjects also expressed their attitudes about themselves, older men, and older women, on a seven-point semantic differential scale. The results indicated that both undergraduates and elderly participants shared misconceptions about aging, with the most common misconceptions being in the areas of health care and personal habits. Both groups cited personal experience and casual observation as the most frequent source for both misconceptions and correct perceptions of the elderly; neither group reported the media as a major source. Both groups saw themselves very positively. Elderly subjects had positive views of older people and had more positive attitudes toward older men. The undergraduates expressed neutral views of the elderly, with a somewhat more positive attitude toward older men. This finding did not support the notion that younger groups stereotype the elderly. (A table summarizing the incorrect responses to the Miller-Dodder questions by age group is included.) (NRB)

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SOURCES OF STEREOTYPES AND MISCONCEPTIONS OF AGING: A COMPARATIVE STUDY OF COHORT DIFFERENCES

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SOURCES OF STEREOTYPES AND MISCONCEPTIONS OF AGING: A COMPARATIVE STUDY OF COHORT DIFFERENCES

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Traditional stereotypes and attitudes about the elderly are increasingly attracting the attention of researchers and health care providers. A reasonable hypothesis for this interest is that a disparity exists between the realities of aging and the popularly held views of society as well as many professionals who work with senior citizens. Although previous research has highlighted common misconceptions, it has not dealt with the important question of where these misconceptions originate. The present study examined both misconceptions and their sources for a sample of undergraduates and a sample of elderly. Study instruments included the Miller-Dodder revision of Palmore's Facts on Aging Quiz One followed by a question with nine response categories that allowed the participants to rank up to three sources of information used in answering the preceeding question. Results suggest that for both the undergraduates and the elderly personal experience and casual observation are the most meaningful sources of information. Further, both undergraduates and the elderly share misconceptions, with the most frequent occuring in the areas of health care and personal habits.

SOURCES OF STEREOTYPES AND MISCONCEPTIONS OF AGING: A COMPARATIVE STUDY OF COHORT DIFFERENCES

N. A. KLUGE, W. E. MANSBACH & J. W. JOHNSON

The gradual "greying of America" has stimulated new interest in the elderly, and has attracted the attention of researchers from a multitude of fields. A recent area of focus has been the identification of stereotypes and misconceptions regarding the elderly held by both the general population as well as the elderly themselves, and how such attitudes have adversely affected older Americans. Several researchers have hypothesized that a disparity exists between how the elderly age in reality and how this process is perceived by society. Explanations for why such a disparity may exist are varied, but unfortunately, studies which empirically investigate sources and explanations for elderly stereotypes are conspicuously absent from the literature.

To date, research has centered primarily on misconceptions about the elderly. In his two Facts on Aging Quizzes (1977, 1981), Erdman Palmore has highlighted some of the misconceptions held about aging processes. The FAQ's were designed to assess knowledge about some basic physical, mental, and social aspects of aging in which misconceptions commonly exist. While the FAQ has had an important impact in the field, it is far from a definitive instrument. First it reflects knowldge of facts, and

cannot be regarded as an attitudinal measure; and second, it does not yield information about how such facts and misconceptions arise. In order to comprehensively assess aging "stereotypes" one might look at basic misconceptions and their sources as well as attitudes about aging. Therefore, it is necessary to include a measure of attitudes as well as the FAQ to get a full picture of misconceptions and attitudes.

In this study we were interested in three questions: (1) common misconceptions about aging held by undergraduates and the elderly themselves, and the extent to which their perceptions differ, (2) the information sources for the misconceptions of both groups, and (3) attitudes about aging held by both of these groups, and the extent to which these attitudes differ.

METHOD

Participants

A total of 200 people agreed to participate in the present study; 150 were university undergraduates, and 50 were residents of several government subsidized planned housing projects for independently-living elderly. The undergraduate sample consisted of 85 females and 65 males, had average and modal ages of 21.2 and 19 respectively, and were largely Caucasian from upper middle class suburban families. The elderly sample consisted of 36 females and 14 males, had average and modal ages of 69.5 and 77

respectively, and had most often received a high school diploma.

Procedure

Two different procedures were followed, one for the undergraduate sample and one for the elderly sample. In several one-hour, small group administrations, all undergraduate participants completed the three study instruments which were assembled into a questionnaire. All data collection administrations were standardized. In one-to-one interviews, research assistants met with elderly participants for approximately 45 minutes, all interviews took place at the homes of the elderly. All research assistants were trained prior to interviewing elderly participants.

Materials

Three instruments were used. In order to assess common misconceptions about aging, the Miller-Dodder (1980) revision of Palmore's FAQ 1 was selected. This revision clarifies ambiguities in the items of the original FAQ 1 by defining exactly what is meant by words such as majority, most, and aged. This revised instrument consists of 24 brief true-false items which are sensitive to physical, mental, and social spheres in the lives of elderly people. In order to assess the sources of these misconceptions, each of the Miller-Dodder items was followed by nine response categories. These categories allowed the

participants to rank up to three sources of information used in answering the preceding question. The sources of information included as categories were casual observation, volunteer work with the elderly, personal experience with the elderly, educational training in gerontology, print media of a factual or entertainment nature, and non-print media of a factual or entertainment nature. These categories were generated by the investigators, were piloted, and then revised. Finally, participants were asked to express their attitudes about themselves, older men over 65 years of age, and older women over 65 years of age, on a 7-point semantic differential scale. This scale was developed by Rosencranz and McNevin (1969) in order to assess attitudes towards an elderly population.

RESULTS

As previously stated in this study, we assessed three questions. First we wished to determine common misconceptions about aging held by undergraduates and the elderly, and to compare these misconceptions across the two groups.

Insert Table 1 About Here

Table 1 presents the relative misconceptions held by both undergraduates and elderly regarding aging. Interestingly, there is a marked degree of consistency between the two groups, especially in terms of those facts most commonly misconceived. For the elderly sample, the following three items produced the most incorrect responses: (item 16) The majority of older people say they are lonely, (item 18) Over 15% of the U.S. population are now 65 or over, and (item 22) Older people tend to become more religious as they age. For the undergraduates, the following four items produced the most incorrect responses: (item 16), (item 18), (item 19) The majority of medical practitioners give low priority to older people, and (item 22). The three items missed by the elderly sample were completely subsumed by the four items most often missed by the undergraduate sample. In terms of the differences in the percentages of incorrect responses between the two groups, the major discrepancies did not involve any of the most often chosen incorrect responses. The greatest differences were on item 21 - The majority of older people say they would like to have some kind of work to do (the elderly missed this item 37.1% more often than the undergraduates), item 23 - The majority of older people say they are usually irritated

or angry (the elderly missed this item 21.0% more often than the undergraduates), and item 24 - The health and socio-economic status of older people (compared to younger people) in the year 2000 will probably be about the same as now (the elderly missed this item 21.3% more often than the undergraduates).

A second question was what information sources feed these misconceptions.

Insert Table 2 About Here

Undergraduates relied on personal experience and observation most frequently for both their misconceptions and correct perceptions of the elderly. These results are interesting in light of theories that see the elderly as isolated from younger people. Similarly, and as one might expect, the elderly participants reported using personal experience and observation as the major sources of both their misconceptions and correct perceptions of the elderly. Neither group reported media as major sources of information.

The third question addressed attitudes about aging held by these two groups and the extent to which these attitudes differ. The semantic differential developed by Rosencranz and McNevin was

used to assess this question. This measure uses a seven-point scale, however preliminary analysis of the data suggested simplification of the scale to three categories; these categories were positive, neutral, and negative. Both groups saw themselves

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Insert Tables 3 and 4 About Here

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in very positive lights, but viewed the elderly in very different lights. The undergraduates expressed basically neutral views of both older men (65+) and older women (65+), with a somewhat more positive attitude toward older men. Elderly participants had positive views of older people in general, but like the undergraduate sample, had more positive attitudes toward men. This is interesting given that more of the sample consisted of women than men, and the "self" rating was quite high (81%).

DISCUSSION

In summary, at least three conclusions can be drawn from this data. First both undergraduates and elderly participants shared misconceptions about aging. The fact that the elderly are more closely connected to the needs and predicaments of the

everyday lives of older adults did not mean that they were especially more knowledgable about aging or less prone to misconceptions. Second, we found an overlap in the sources of these misconceptions. Both undergraduates and elderly felt that personal experience and casual observation were the most meaningful sources. This is particularly interesting in light of claims that negative portrayals of elderly on television and other media are responsible for erroneous views of older adults. A third conclusion concerns attitudes, while both groups saw themselves in a very positive light, they differed as to how they perceived the elderly; rather than perceive the elderly in either positive or negative terms, the younger group saw them in a descriptively neutral light. This finding does not confirm the suspicion that younger groups stereotype the elderly.

There are limitations in this study that are in need of clarification. First, there is the issue of generalizability. In this study elderly were described as a unitary group, differences attributed to cohort, sex, and race have not yet been evaluated. Second, there is the issue of measurement error. For example, the revised FAQ contains both difficult and relatively easy items and it is not clear whether the degree of difficulty is based on the item content or the item wording; the sources of misconception instrument has face validity, but has not been adequately validated; and the attitudinal scale proved to be unwieldy for the elderly participants. Our older participants remarked that they had difficulty responding to a 7-item scale.

TABLE 1

INCORRECT RESPONSES TO THE
MILLER-DODDER QUESTIONS

MILLER-DODDER QUESTIONS	CORRRECT RESPONSE	% INCORRECT ELDER	UGRAD.	DIFF.
1. The majority (more than half) of older people (over 65 years of age) are senile (defective memory, disoriented, demented, etc.).	False	25.0	10.1	14.9
2. All five senses tend to decline in old age.	True	56.4	52.0	4.4
3. The majority of older people have no capacity for sexual relations.	False	39.4	20.1	19.3
4. Lung capacity tends to decline in old age.	True	41.7	37.8	3.9
5. The majority or older people say they are happy most (more than half) of the time.	True	31.6	50.7	18.1
6. Physical strength tends to decline in old age.	True	9.5	8.7	0.8
7. At least one-tenth of older persons are living in longstay institutions (nursing homes, mental hospitals, homes for the aged).	False	57.9	76.4	18.5
8. Drivers over 65 have more accidents per person then drivers under 65.	False	27.5	30.2	2.7
9. Older workers cannot work as effectively as younger workers.	False	37.5	32.0	5.5
10. About 80% of older people say they are healthy enough to carry out their normal activities.	True	17.1	31.5	14.4
11. The majority of older people are unable to adapt to change.	False	52.6	45.6	7.0
12. Older people tend to take longer to learn something new.	True	23.7	41.5	17.8
13. The reaction time of older people tends to be slower than the reaction time of younger people.	True	9.5	11.0	1.5
14. In general, older people tend to be pretty much alike.	False	10.8	15.3	4.5
15. The majority of older people say they are usually bored.	False	49.0	34.9	14.1
16. The majority of older people say they are lonely.	False	80.0	62.7	17.3
17. Older workers have more accidents than younger workers.	False	40.0	29.9	10.1
18. Over 15% of the U.S. population are now 65 or over.	False	88.2	89.2	1.0

19. The majority of medical practitioners give low priority to older people.	True	56.8	72.6	15.2
20. The majority of older people have incomes below the poverty level ($3,025 for a person or 3,650 for couples).	False	45.9	44.9	1.0
21. The majority of older people say they would like to have some kind of work to do.	True	43.2	6.1	37.1
22. Older people tend to become more religious as they age.	False	77.8	63.8	14.0
23. The majority of older people say they are usually irritated or angry.	False	35.1	14.1	21.0
24. The health and socioeconomic status of older people (compared to younger people) in the year 2000 will probably be about the same as now.	False	42.1	20.8	21.3

TABLE 2

SOURCES OF MISCONCEPTIONS
ABOUT THE ELDERLY

SOURCES	UGRAD.	ELDERLY
Observations	35%	36%
Volunteer work with the elderly	6%	9%
Personal experience with the elderly	29%	76%
Factual print media	11%	7%
Factual non-print media	10%	5%
Fictional print media	2%	4%
Fictional non-print media	2%	2%
Formal educational sources	5%	1%

TABLE 3

ATTITUDES FROM UNDERGRADUATES REGARDING
ELDERLY MEN AND WOMEN

	POSITIVE	NEUTRAL	NEGATIVE
Elderly men	38%	56%	6%
Elderly women	19%	69%	12%

TABLE 4

ATTITUDES FROM THE ELDERLY REGARDING
SELF, ELDERLY MEN AND WOMEN

	POSITIVE	NEUTRAL	NEGATIVE
Self	81%	16%	3%
Elderly men	81%	3%	16%
Elderly women	59%	22%	19%

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